

Ancient Medicine in its Socio-Cultural Context

Preface
Acknowledgements
List of participants
References and abbreviations

PAPERS READ AT THE CONGRESS HELD AT
LEIDEN UNIVERSITY
13-15 APRIL 1992

Part I: Social, institutional and edited by

Ph.J. van der Eijk
H.F.J. Horstmanshoff
P.H. Schrijvers

VOLUME ONE



Amsterdam - Atlanta, GA 1995

THE WELLCOMB INSTITUTE SERIES
ANCIENT MEDICINE IN ITS
Socio-Cultural Context
IN THE HISTORY OF MEDICINE
PAPERS READ AT THE CONGRESS HELD AT
LEIDEN UNIVERSITY
13-15 APRIL 1992
The History of Medical Education in Britain
Edited by V. Nutton and Roy Porter
Medicine in the Enlightenment
Cover: Relief 2nd century AD, National Museum of Antiquities, Leiden.
Aesculapius and Hygiea. The relief has been in the possession of Herman
Boerhaave, the famous professor of medicine at Leiden University in the
18th century. Photo Rijksmuseum van Oudheden, Leiden.

183 Euston Road, London NW1 2BE, UK
© The paper on which this book is printed meets the requirements of "ISO
9706:1994, Information and documentation - Paper for documents -
Requirements for permanence".

CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Ancient

Ancient medicine in its socio-cultural context / ed. by
Ph.J. van der Eijk, H.F.J. Horstmanshoff, P.H. Schrijvers.
- Amsterdam - Atlanta, GA 1995 : Rodopi. - Ill.
Vol. 1. - (Clio medica, ISSN 0045-7183 ; 27)
Papers read at the congress held at Leiden University,
13-15 April 1992.
ISBN 90-5183-525-6 geb.
Trefw.: geneeskunde ; geschiedenis ; Oudheid.

©Editions Rodopi B.V., Amsterdam - Atlanta, GA 1995
Printed in The Netherlands

Contents

VOLUME ONE

Preface	IX
Acknowledgements	XI
List of participants	XIII
References and abbreviations	XVII
Part 1: <i>Social, institutional and geographical aspects of medical practice</i>	
VIVIAN NUTTON	
The medical meeting place	3
H.W. PLEKET	
The social status of physicians in the Graeco-Roman world	27
GABRIELE MARASCO	
L'introduction de la médecine grecque à Rome: une dissension politique et idéologique	35
KARIN NIJHUIS	
Greek doctors and Roman patients: a medical anthropological approach	49
ARMELLE DEBRU	
Les démonstrations médicales à Rome au temps de Galien	69
H.F.J. HORSTMANSHOFF	
Galen and his patients	83
JUKKA KORPELA	
<i>Aromatarii, pharmacopolae, thurarii et ceteri. Zur Sozialgeschichte Roms</i>	101
HEIKKI SOLIN	
Die sogenannten Berufsamen antiker Ärzte	119
ATTILIO MASTROCINQUE	
Les médecins des Séleucides	143
PETER VAN MINNEN	
Medical care in late antiquity	153
JULIANE C. WILMANN	
Der Arzt in der römischen Armee der frühen und hohen Kaiserzeit	171
RALPH JACKSON	
The composition of Roman medical <i>instrumentaria</i> as an indicator of medical practice: a provisional assessment	189

LAWRENCE J. BLIQUEZ	
Gynecology in Pompeii	209
SIMON BYL	
L'aire géographique des médecins hippocratiques	225

Part 2: *Women, children and sexuality*

DANIELLE GOUREVITCH	
Comment rendre à sa véritable nature le petit monstre humain?	239
EVA C. KEULS	
The Greek medical texts and the sexual ethos of ancient Athens	261
NANCY DEMAND	
Monuments, midwives and gynecology	275
ANN ELLIS HANSON	
<i>Paidopoia</i> : Metaphors for conception, abortion, and gestation in the <i>Hippocratic Corpus</i>	291
ERNST KÜNZL	
Ein archäologisches Problem: Gräber römischer Chirurgeninnen	309

VOLUME TWO

Part 3: *Religious and magic attitudes towards disease and healing*

ANGELOS CHANIOTIS	
Illness and cures in the Greek propitiatory inscriptions and dedications of Lydia and Phrygia	323
BURKHARD GLADIGOW	
<i>Anatomia sacra</i> . Religiös motivierte Eingriffe in menschliche oder tierische Körper	345
RICHARD GORDON	
The healing event in Graeco-Roman folk-medicine	363
DARREL W. AMUNDSEN	
Tatian's 'rejection' of medicine in the second century	377
KARL-HEINZ LEVEN	
<i>Athumia</i> and <i>philanthrôpia</i> . Social reactions to plagues in late antiquity and early Byzantine society	393

Part 4: *Medicine as a science and its relation to philosophy*

ALBERTO JORI	
Le <i>pepaideumenos</i> et la médecine	411
GILLES SUSONG	
La référence médicale non-hippocratique dans les dialogues de Platon	425
JAMES LONGRIGG	
Medicine and the Lyceum	431
PHILIP J. VAN DER EIJK	
Aristotle on 'distinguished physicians' and on the medical significance of dreams	447
M. VEGETTI	
L'épistémologie d'Érasistrate et la technologie hellénistique	461
KATERINA IERODIAKONOU	
Alexander of Aphrodisias on medicine as a stochastic art	473
TEUN TIELEMAN	
Dialectic and science: Galen, Herophilus and Aristotle on phenomena	487

Part 5: *Linguistic and literary aspects of medical texts*

HEINRICH VON STADEN	
Science as text, science as history: Galen on metaphor	499
INEKE SLUITER	
The embarrassment of imperfection: Galen's assessment of Hippocrates' linguistic merits	519
ELSA GARCÍA NOVO	
Structure and style in the Hippocratic treatise <i>Prorrheticon</i> 2	537
HARM PINKSTER	
Notes on the syntax of Celsus	555

Part 6: *The role of medical themes in literature*

I. RODRÍGUEZ ALFAGEME	
La médecine technique dans la comédie attique	569
General index	587
Index locorum	601

Galen and his patients

H.F.J. HORSTMANSHOFF

Summary A prosopography of Galen's patients can contribute to our knowledge of the social and cultural history of Rome in the second century AD. In his voluminous works Galen now and then mentions the patients he actually treated, observed, or whom he saw treated by others. Sometimes he mentions their names, so that we can recognize them from other sources, in the *Corpus Galenicum* or elsewhere. Even if they remain anonymous, or if their data are only partially known, often other relevant information is given e.g. concerning their age, sex, social status etc. This inventory permits some answers to questions concerning Galen's daily routine, his patients, his therapy and his bedside manners.

Introduction

Those who look closely will find numerous fragments of information scattered through Galen's many voluminous medical and philosophical works which relate to the doctor's personal life and to the society in which he lived, the Roman Empire in the second century AD. This information is mainly concentrated around the discussion of specific cases of his own treatment of patients or of treatment administered by colleagues during his presence. The patients who received medical advice by post form a separate category. In my opinion, a comprehensive survey of the data on these patients could contribute to the social and intellectual history of ancient medicine. The results of such an investigation might provide answers to such questions as:

- 1 What did Galen's daily routine look like? What was his timetable for working days?
- 2 Who were Galen's patients? What was their social and intellectual status? How did doctor and patient get in touch with one another? How many patients did Galen treat?
- 3 How did Galen treat his patients? How did Galen himself apply his theories and methods in practice? What were his bedside manners?

I wish to thank Remco Tuininga who by his research collected material that was essential for this article and Peter Mason who translated the text into English.

Eighty-seven years after Ilberg¹ and forty-one years after Eichholz,² and now that important works by Galen are available in modern editions, such as Nutton's *De praecognitione ad Epigenem*,³ it seems useful to present a survey of Galen's list of patients again. In what follows I shall not be presenting a report on completed research, but an interim report on work in progress.

1 *Galen's timetable*

I will now proceed to examine what an 'average' working day in the life of Galen looked like, in so far as it can be reconstructed on the basis of the data he provided. There are no data from other sources. I shall base my findings on his second period in Rome from 169 AD.

Before reconstructing one of his days, it is first necessary to recall how the ancients divided the hours of the day.⁴ The Appendix (p. 97 f. *infra*) indicates the hours of the day in Rome, according to Balsdon.⁵

Most Romans rose at sunrise, no matter what the season was, and went to bed soon after sunset. The morning hours were reserved for daily work. The afternoon was the period for a siesta, relaxation and the main meal. Galen himself presents the following daily schedule:

'I do not hesitate to say what I usually do on a day on which I take a bath later because of visits to patients or meeting social obligations. Let us suppose that a day like that contains thirteen equinoctial hours, and that it may be expected that there will be time for attending to the body around the tenth hour. On that assumption I consider it appropriate to take a very simple meal, consisting only of bread, at around the fourth hour.' (*De sanitate tuenda* 6.7, 6.412 K.)

Most Romans ate a very light breakfast and then worked the whole morning from sunrise to midday on a more or less empty stomach. For the upper classes in Roman society, the working day was over after six hours, but Galen was one of the workaholics who often worked on into the night.

'I was enslaved to the obligations of my profession and served my friends, relatives and fellow citizens in many ways. I spent most of each

¹ Ilberg (1905).

² Eichholz (1951).

³ *Galen's De praecognitione. Galen on Prognosis*. Edition, translation and commentary by Vivian Nutton. Corpus Medicorum Graecorum V 8,1, Berlin 1979.

⁴ For Galen's description of a water clock (*klepsudra*) see *De cuiuslibet animi peccatorum dignotione et medela* 5 (5.82-87 K.); cf. Vitruvius, *De architectura* 9.9(8). Marquardt (1886²) 788-799 is still valuable.

⁵ Balsdon (1977²).

night without sleeping, sometimes because of my sick patients, and sometimes on account of everything that is beneficial to one's study.' (*De sanitate tuenda* 5.1, 6.308-309 K.)

Galen regards himself as one of those whose professional obligations compel them to attach less importance to the demands of their own health.⁶

In the course of this average working day – which is imaginary, of course – Galen follows the advice of his great example Hippocrates and pays his first visit to a patient at an early hour: around the third hour. Hippocrates recommends doctors to visit their patients in the morning as far as possible, when their powers of detection are at their best. From the numerous possibilities I select the case of an anonymous patient, a *gumnastikos*, a young man who does a lot of sport. The case is discussed in *De methodo medendi* 9.4 (10.608.5-13 and 609.16-613.13 K.). The case history is as follows: after thirteen days of inactivity, he resumes his exercises for a brief but intensive period. That cannot but lead to problems. He follows his usual diet, but his digestion is sluggish and difficult, so that he is seized by a fever in the first hour of the night. The patient makes a ruddy, sated impression and says that he has a feeling of being full. The next morning – the day under consideration – Galen visits him at the third hour (around 9 a.m.). There are other doctors present as well. One of them suggests blood-letting, but Galen objects. He thinks that it is advisable to postpone the decision on blood-letting until he has gained a more exact idea of what kind of fever it is. Apparently Galen pays another visit to the patient in the evening, because he notes that the fever shows no signs of abatement. He suspects that the fever is persistent (*sunochos*) and that it is due to constipation and a surfeit of blood (*poluaimia*). The following day the doctors decide to let blood, but they postpone it another day. The fever increases in intensity and the patient cannot stand it any longer. He sends a servant to fetch Galen at around the eighth hour of the night. Galen decides to bleed the patient, and lets sufficient blood until the patient faints (*hōs leipothumian genesthai*). And the fever drops...

At the same time⁷ Galen treats a slave with similar symptoms. While Galen visits the freeman immediately after the first night, the slave has to wait until after the second night, in the morning before the fifth hour, that is, before noon. Galen pays him a second visit in the second hour of the night (around 8-9 p.m.), and again a day later at the crack of dawn.

After his snack at around the fourth hour, Galen will probably have found time to devote himself to his correspondence. He treated patients by correspondence, and sent therapeutic instructions and medicaments along with the diagnosis.

⁶ Wöhrle (1990) 215-216.

⁷ *De meth. med.* 9.4 (10.608.5-6 K. and 10.613.13-615.8 K.).

'You should know that I have not only (personally) treated persons from this ailment but through correspondence I have cured some patients residing in other countries. Some sent me letters from Iberia (Spain and Portugal), from Celtic lands, from Asia, Thracia (the Balkans) and other countries, asking me whether I knew and could dispatch a trustworthy medicine against the beginning of suffusion.' (*De locis affectis* 4.2, 8.224 K.).

As he walks through Rome – Galen did most of his visiting on foot; if the address was too far, he was carried there in the sedan – he meets with various people. In the street where the booksellers do their trading (Sandalarium),⁸ for instance, he meets the man who claims to have bought a work by Galen, but after reading a few lines – aloud, of course – he decides that it could not be Galen!

Galen's meeting with his colleague Antipater was of this kind.⁹ This doctor, who was in his fifties, checked his own pulse during a one-day fever. He discovered a persistent irregularity (*anomalía*), even when the fever had subsided. When he meets Galen in the street, he offers him his wrist. Galen notes the irregularity too, and concludes that it is a wonder that he is still alive with a pulse like that. He asks him whether he has difficulty in breathing, but Antipater apparently has no problems on that score. When they meet again six months later, Antipater turns out to have had minor difficulties in breathing (*dusпноia*) as well as short palpitations. His *dusпноia* suddenly takes a turn for the worse, and within two weeks Antipater is dead. Galen provides so much information that two present-day scholars have been able to arrive at the same diagnosis independently of one another: atrial fibrillation, associated with mitral stenosis.¹⁰

In his wanderings through Rome, Galen also saw a good deal of street life. Let us suppose that the case of the phrenitis patient occurred on the day we have chosen.

'A man who was confined to his house in Rome in the company of a young wool-worker rose up from his bed and went to the window, where he could be seen and also could watch the people passing by. He then showed to each of them his glass vessels and demanded that they should ask him to throw them down. The people laughed clapped their

⁸ *De libris propriis* 1 (19.12 K.), Moraux (1985) 61; cf. *De cognoscendis curandisque animi morbis* 9 (5.48 K.): Galen buys many books and spends a lot of money on the training of slaves who can write (calligraphy and stenography) and read.

⁹ *De loc. aff.* 4.11-5 prooemium (8.293-298 K.); cf. Siegel (1968) 341-343; Harris (1973) 448-449. For description of a meeting of the same kind see *De loc. aff.* 5.8 (8.361-368 K.).

¹⁰ Harris (1973) 448-449; Siegel (1968) 341-343. For a different opinion see Garcia Ballester in: Nutton (1981) 40, n.8 *contra* 297-298 *ibid.*

hands and demanded him to do so. Then the man grasped one vessel after another and threw it down. The people laughed and screamed. And when they told him to do so, he complied. When the people saw the man fall from high up, they stopped laughing, ran to the fallen man, who was crushed, and lifted him up...' (*De loc. aff.* 4.2, 8.226 K.)

It is not clear whether Galen reserved certain hours of the day for his students. Galen certainly refers to students,¹¹ but so far I have not come across any reference to the activity of teaching itself. Probably the presence of students during his visits was so self-evident for him and his readers that he did not think it worthy of mention.

Occasionally Galen was summoned to the palace to advise on the treatment of the emperor's stomach cramps, and then he had to spend the night there.

'At the ninth hour they gave him (Marcus Aurelius) gruel. Then I was summoned to spend the night in the palace. One of the emperor's orderlies came to fetch me just as the lamps were being lit.' (*De praecognitione ad Epigenem* 11, 14.658 K.)

Let us hope that the rest of Galen's 'average' day was further undisturbed and that he was not summoned again in the evening after the visit to the patient which we mentioned earlier on. In that case he will have been able to spend some time on his studies with the passionate dedication which he had from his youth.¹²

The period reserved for his studies is probably the early and late hours of the night. Galen apparently made no bones about working all night long now and then.¹³

Perhaps we can also draw some conclusions from the portrait which Galen provides of the life-style of the doctor Antiochus with such evident approval (*De sanitata tuenda* 5.4, 6.332-333 K.). He is over 80 and still goes to the *agora* every day, to the spot where the city council meets. Then he sets off on a long series of visits to his patients. His house is about three stadia from the *agora*, a distance which he covers on foot. That is also how he visits the patients who do not live too far away; otherwise he uses a sedan or a wagon. He has a room in his house with a fire, where he sits during the winter. In the summertime there is no need of a fire to keep up the room temperature. He is careful in his diet, takes massage and does exercises. He keeps fit in this way and retains his sound mental and physical capacities to the end.

¹¹ E.g. *De libr. prop. procem.*-1 (19.8-12 K.); *De loc. aff.* 3.10 (8.192-193 K.).

¹² *De meth. med.* 7.1 (10.457 K.).

¹³ *De san. tuenda* 5.1 (6.307 K.).

He has a meal in the *agora* at the third or fourth hour. Then he may engage in conversation or read by himself until it is time for a visit to the bath-house at the seventh hour. His massage and exercises are followed by a light meal. The food and drink for the evening meal are once again chosen with care. Is this how Galen spent his last years? Or was it only an ideal, which his restless nature prevented him from ever attaining?

2 *Who were Galen's patients?*

One of the first steps in my research is to place as many as possible of the individual patients whose name is known prosopographically, in order to obtain an accurate picture of the world in which Galen operated. There is little point in going through a list of names at present. A full survey will no doubt serve a useful function in due course, but so far I have not made any remarkable discoveries which deviate from what is contained in the various commentaries and prosopographical works.

It is possible to say something about the social groups to which Galen's patients belonged. We have seen that Galen's patients included members of the elite, including the emperor himself, as well as slaves. There is no apparent difference in treatment. Galen is summoned in the middle of the night to let the blood of the freeborn *gumnastikos*, but he is just as prepared to pay a visit to a slave at the crack of dawn. We shall now examine the composition of Galen's practice and the ways in which he and his patients came into contact with one another.

A recently published text by Galen throws some light on the relationship between the doctor and the patient at the time. This is the *De optimo medico cognoscendo* ('On choosing the best doctor'), a treatise which has only survived in Arabic, which was published with Arabic text and English translation in 1988 by A.Z. Iskandar.¹⁴ I am in agreement with the conclusions regarding the socio-historical context of the treatise contained in an article by Nutton,¹⁵ which I shall briefly repeat here. The information contained in the text, and which is relevant for our present purposes, concerns the choice of a doctor and the status of the profession in Roman society in the second century AD.

Galen explains to a well-read public how to choose the best doctor. We can draw the following conclusions from the treatise.

¹⁴ Iskandar, A.Z. (1988), *Galen De optimo medico cognoscendo libelli versionem arabicam primum edidit, in linguam anglicam vertit, commentatus est...*, Corpus Medicorum Graecorum Supplementum Orientale 4, Berlin.

¹⁵ Nutton (1990).

1. The prospective patients are interested in medicine. They have the time and general background to enable them to get to grips seriously with medicine. We are familiar with such *philiatroi* from the texts of Galen, Plutarch and others.

'Examiners of physicians who wish to follow this method should have had some knowledge of the principles of medical science; if not, then they should be endowed by nature with intelligence and prudence.' (*De opt. med. cogn.* 13.5)

'I have not written this book of mine for people whose way is like this: being constantly occupied, they cannot devote any time to reading or to anything else. I have written it for those who think that their body is better and more important than all their possessions.' (*De opt. med. cogn.* 1.13)

2. It follows from the previous point that Galen is writing for a well-to-do public. It has not only had an above-average education, but it also has the time, and thus the resources, to concern itself with medical science. Galen writes for all those: 'who some refer to as "friends of the physicians" and who have enjoyed the first stage of a scientific development.' (*De san. tuenda* 4.5, 6.269 K.)

It may be concluded from other works by Galen that he addresses

a. people who can take a bath:

'In this case it is better to take a bath before the meal. However, if the child is brought up somewhere where there is no bath – perhaps such people will not even come into contact with this book – then the nurses must wash the children in a basin.' (*De san. tuenda* 1.10, 6.50 K.)

He does not expect that those who live where there is no bath will come into contact with his book. It is not clear whether Galen is here referring to a private bath – which is likely in view of the context – or to a public bath-house. Private baths were not uncommon among the elite down to the first century AD., but they were a relatively rare phenomenon later on.

Elsewhere Galen says that he does not mix with shopkeepers, landlords and publicans. He does not speak their language.¹⁶

¹⁶ *De pulsuum differentiis* 2.5 (8.587.7-8 K.).

b. 'Greeks, or at least those who strive to emulate Greek culture', and thus certainly not the average Roman.¹⁷

3. It follows from the previous points that the difference in knowledge between physicians and this kind of educated and interested patient must have been relatively small. Kleijwegt's research,¹⁸ which made use of epigraphical material, indicates that youths of the age of 17 or 18 worked on their own as physicians. If we also bear in mind that the profession of 'physician' was not officially protected in Rome at this time, and that anyone who chose to call himself *iatros* or *medicus* was free to do so, it will be all the more evident that the patients were often at least as 'expert' as the physicians themselves.

To sum up, we can state that many of Galen's texts address a public with a general level of education, an above-average interest in and knowledge of medical science, and which belonged to the social elite. *Philiatroi*, 'friends of the physicians', is a good term. Physicians themselves are often patients (remember the physician Antipater, with his heart complaint). In his introductory remarks, Galen writes: 'We all know what fate befell the physician Antipater, who won great fame as a physician in Rome...' The words 'we all' presumably refer to a group of *philiatroi*. There are bound to be more examples available.¹⁹

This conclusion concurs with the results of an analysis of a provisional group of 174 patients, all accounts of specific cases treated by Galen himself. All are male, except nine women and six children, whose sex is not specified.

Social class

The division according to social class is as follows:

Social class	number	percentage
elite	15	8.6%
sophists	26	14.9%
lower classes	23	13.2%
anonymous	110+	63.3%+
	174	100%

¹⁷ *De san. tuenda* 1.10 (6.50 K.).

¹⁸ Kleijwegt (1991) 135-164.

¹⁹ From *De alimentorum facultatibus* 2.22 (6.598-601 K.) one gets the impression that the patients are explaining their digestive problems to a whole audience. In *De locis affectis* 3.11 (8.198 K.) the attention of a group of physicians is held by the epileptical boy. Cf. *De puls. differ.* 3.3 (8.656 K.). See also Nutton *supra* p. 13 ff.

'Elite' includes the 600 senators and many thousands of equites and their families, the pinnacle of the imperial social pyramid which covered a total population of 60 to 70 million.

'Sophists' are here regarded as a separate category. The term includes the intellectuals, mainly Greeks, who earned a living from rhetoric and philosophy.

'Lower classes' includes slaves. Finally, the category 'anonymous' refers to those who cannot be referred clearly to a social class. The obvious conclusion is that the elite and the intellectuals are over-represented. Probably Galen only treated the lower classes if they belonged to the domestic staff of his elite patients, and then only on their instructions.

Name

It is also interesting to note which categories of patients are mentioned by name:

<i>Mentioned by name</i>	<i>total</i>	<i>names</i>	<i>percentage</i>
elite	15	12	80%
sophists	26	12	46.2%
lower classes	23	6	26.1%
anonymous	110	—	—

We may conclude from this that the lower class patients were only rarely mentioned by name, while the names of the elite patients were given three times as often. As for the 'sophists', the class to which Galen himself belonged, the names are mentioned a good one and a half times as often as those of the lower class patients.

Other physicians

If we examine which of the cases mentioned by Galen were also attended by other physicians, the result is remarkably high.

<i>Cases at which other physicians were also present</i>	<i>total</i>	<i>other physicians present</i>	<i>percentage</i>
elite	15	2	13.1%
sophists	26	6	23.1%
lower classes+ anon.	133	10	7.5%

In most cases Galen has to contradict the prognoses of the other physicians, and afterwards his own prognosis proves to be correct. The members of the elite could afford to be attended by more than one physician at the same time. Or perhaps we should put it the other way round: the physicians were drawn to rich patients like moths to a candle! There is a remarkably high percentage of attendance by more than one physician in the case of the sophists. Perhaps we should regard them as *philiatroi* rather than professional physicians.

To conclude with a quantitative piece of information: according to Galen, only nine of the one hundred and seventy-four patients in my sample died soon after treatment, and often that was the fault of other physicians, at least if we are to believe Galen. This low mortality rate is in stark contrast to that of the Hippocratic *Epidemics*, where the mortality rate of a good 60% is reported without a trace of embarrassment. The explanation must lie in the target public. The Hippocratic *Epidemics* are written by physicians for physicians to inform them about the health situation in a certain area. Galen wrote many of his works to the glory of his skill and reputation, especially for a literate lay audience. The patients from the lower social classes are exclusively mentioned as examples of a certain illness or a specific therapy. They are not important as individuals.

2 How many patients did Galen treat?

Galen notes that in the course of a single summer he saw more than four hundred people suffering from fever.²⁰ He compares the situations in different years with one another. Assuming a summer of 120 days, that means that he saw an average of 3.3 patients with fever a day. They will not have been his only patients, but the total number of patients a day cannot have been more than six or seven, excluding the number of patients whom Galen treated by correspondence.

We should not forget that Galen paid house visits to all his patients. For the sake of completeness, I have come across one case in which Galen took in a patient for three days for observation.²¹ There was no waiting room, and no appointment in the doctor's surgery. In fact, these are twentieth-century phenomena. Sigmund Freud's practice of working with an appointment in his own house appreciably elevated the status of the physician. In Galen's day, a physician could not permit himself to keep a patient waiting in the waiting room. Sometimes high-ranking patients also sent a slave to the physician to ask for advice on behalf of his sick master or mistress.

Moreover, we should remember that a physician sometimes visited the same patient on more than one occasion on the same day, at any rate more

²⁰ *De diebus decretoriis* 2.7 (9.873 K.).

²¹ *De curandi ratione per venae sectionem* 17 (11.300 K.).

than once in a week, as can also be seen from Galen's descriptions of cases. If I have counted properly, Galen paid nine visits to Justus' wife (the woman in love) within the space of four days, and he visited her a few times more afterwards! (*De praecogn.* 6, 14.631-633 K.)

Galen did not need to take on as many patients as he could in order to make a living. He had to remain available for court services. Moreover, he made sure that he had enough time left for his studies. All these factors explain the relatively small number of patients treated.

3 How did Galen treat his patients?

How did Galen himself apply his theories and methods in practice? Although they overlap to some extent, I would like to distinguish two aspects in dealing with this question:

3.1 a medical-technical side, viz. prognosis and diagnosis

3.2 Galen's bedside manners.

3.1 Prognosis and diagnosis

My discussion of this aspect is heavily indebted to two studies by Garcia Ballester. As we have already seen in the discussion of the first patient in the day in a life of Galen that we have chosen, the young *gumnastikos*, it is noteworthy that Galen waits a long time before taking a decision, in this case blood-letting. Galen begins with a *hupolêpsis*, a surmise, but this may not lead to a *doxa*, an unreasoned supposition. It must result in knowledge which is supported by evidence: *epistêmê*. This is only possible if one uses reason and the senses, with knowledge of anatomy and physiology and of the writings of the ancient medical authors. Galen first wants to determine whether someone who calls in his assistance is ill or not, and if so, whether the illness can be treated. If he has determined that it is a treatable illness, it is possible that it does not yet display enough clear symptoms to enable the physician to make a diagnosis. The physician may have to wait two or three days: 'The good physician never loses his patience, but knows what is going to happen.' An over-hasty physician can cause illnesses which are due to the treatment itself. This procedure explains why Galen – and his fellow physicians – wait so long before applying the remedy of blood-letting to the young *gumnastikos*.

Modern medical science distinguishes clearly between the diagnosis (the scientific knowledge of what the patient is suffering from) and the prognosis (the expectation of what will happen to him or her). Neither Galen nor Hippocrates makes such a distinction. The most important aspect is the prognosis, which can enhance the reputation of the physician and mark it out as being clearly different from the procedure of the seers (*manteis*). It is all the more remarkable, by the way, that at a critical moment in his personal life Galen was influenced by divinely sent dreams, starting with the dream of his father, which prompted him to get his son to study medicine. Galen does not

repudiate dreams as diagnostic instruments either: if someone dreams of a red snake, this presages a nosebleed; a wrestler who dreams that he is literally bathing in blood requires a blood-letting, etc.²²

Galen does not refuse to help patients with an unfavourable prognosis. An example is the physician Antipater. Galen foresees the fatal outcome, but he continues to observe and assist him for six months.

If there are risks attached to following a certain physician's instructions, Galen discusses them beforehand with the family.

'At any rate I have warned the patient's family beforehand that there was a good chance of healing the patient if he drank nothing cold. That is how I administered it, and I can say with God that all those who have taken it have recovered.' (*De consuetudinibus* 11-12 von Müller).

Galen favours an individual approach to his patients. That is why he visits them so often, and why he tirelessly asks about the patients' past history from friends and staff. Galen wants to know every one of his patients: age, temperament, complexion, temperature, posture, pulse, habits, activities, character, sex, region, season, climate: *individuum est ineffabile*.²³ Remarkably enough, this approach is not in contradiction with treatment by correspondence, as long as enough information is provided. Galen was certainly not the last mail order physician. More than 250 years ago letters arrived here in Leiden asking for medical advice, addressed to: 'Boerhaave, Europe'.

3.2 Galen's bedside manners

Galen holds that the physician should know that certain patients are not accustomed to the use of medicine and are afraid of it. He should discern the simple straight-forward patient and the treacherous patients.²⁴ Galen repeatedly incorporates his own opinions and experiences in his commentaries on the Hippocratic *Epidemics*. These commentaries therefore offer more than just an interpretation of the text of the Corpus Hippocraticum.

A good example of such a commentary in which Galen gives way to the temptation to indulge in personal comments is the fourth commentary on the sixth book of the Hippocratic *Epidemics*, which has received excellent treatment at the hands of Deichgräber.

'Treating the patients in an obliging way, for example, hygiene in the preparation of food and drink, in what they see, softness in what they

²² On diagnostic dreams see now Oberhelman (1993).

²³ *Ad Glauconem de medendi methodo* 1 (11.2-5 K.).

²⁴ *Synopsis librorum suorum de pulsibus* 32 (9.541-542 K.).

touch; further: what cannot do great harm or is easy to make good, such as a cold drink, when necessary, visits, conversations, manner, clothing – everything with the patient in mind, hair, nails, perfume.' (*Epidemiae* 6.4.7, 5.308 L.)

To begin with a small detail, this probably explains why Galen does not drink wine in the morning and makes do with bread. The Hippocratic rule says that the physician must take the patient into account in connection with aromas. Galen elaborates this in his commentary with examples.

The question that is raised is: on which points should the physician be accommodating (*charizesthai*) to the patient's wishes, and on which should he not? Galen follows the basic rule of helping or not harming (*ôphelein ê mê blaptein*). Galen himself says that he has always regarded the rule as a home truth,²⁵ but that its significance only began to dawn on him when he saw that famous physicians failed in their therapy on this account.

Galen provides a few practical examples. A case which still has relevance today concerns the use of painkillers. Galen writes that the physician is tempted to prescribe painkillers out of consideration for the patient who has difficulty in bearing pain, and thereby offends against the law of medical science, which is: the benefit to the ill person (*ôpheleiê kamnontôn*). Galen cites the example of a patient, a physician himself, who suffered from a severe headache for seven days and then, without summoning his colleagues, administered a blood-letting himself. The result was that the pain was reduced briefly, but that he remained extraordinarily weak for a long time and was slow in getting his strength back.

What practical aim does Galen hope to achieve with this *charizesthai*, obliging the patient wishes in every respect? In one word: *eupeitheia*. The dictionary definition as 'obedience' does not convey the full meaning of the term. What the physician wants is that the patient will follow his advice of his own accord. After all, do we not follow the advice of those whom we admire? Friendship is decisive for *eupeitheia*. The patient must feel some affinity with the physician. The physician must inspire the patient's confidence.

Galen provides an example from his own experience, so he claims: the sick who visited the temple of Asclepius in Pergamum were sometimes prepared to abstain from drinking for as much as 14 days if the deity so prescribed. 'And they were patients who were not prepared to listen to a physician'. In fact, this must have been impossible, but what is at stake is Galen's point: the firm belief that the deity will bring salvation gives the patients the strength to stand up to trials. A successful therapy is only guaranteed by the patient's *eupeitheia*. This

²⁵ *De compositione medicamentorum per genera* 1.16 (13.438 K.).

is achieved by the physician's obligingness, within certain limits. In this way business is combined with pleasure, and that fits too. As a follower of Aristotle, Galen is teleologically-minded. He is convinced that the Great Demiurge has created everything for a purpose, the preservation of life, particularly human life. Combining business with pleasure fits in with this conception, including his bedside manners.

Conclusion

Anyone who has spent some time on Galen is tempted to agree with von Wilamowitz' characterisation of Galen: 'unerträglicher Seichbeutel'. Galen apparently saw this criticism coming, because he had his answer ready:

'I write this neither for the Germans, nor for other wild or barbarian people, nor for bears, lions, wild boars or other wild animals, but for Greeks and for those who may have been born barbarians, but who strive to attain the qualities of the Greeks.' (*De sanitate tuenda* 1.10, 6.51 K.)²⁶

So there is still hope for us all.

²⁶ Cf. *De puls. differ.* 2.5 (8.585-587 K.) about barbaric languages.

APPENDIX

Reconstruction of a working day in the life of Galen

Day

1. Breakfast? (*ientaculum*) Visit
2. Visit
3. Visit to *gumnastikos*
4. Light meal
5. Reading, writing, e.g. therapy by correspondence
6. Midday meal? (*prandium*)
7. Stroll through Rome: visit to the booksellers' market; phrenitis patient throws glass pots out of the window
8. Meeting with the physician Antipater
9. Visit to the grammaticus Callistus
10. Body care: bath-house, massage, exercises
- 11.
12. Evening meal (*cena*)

Night

- 1.
2. Visit to *gumnastikos*
3. Reading, writing
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
11. Reading, writing
12. Reading, writing

Hours of the day in Rome, expressed in modern terms

(from Balsdon/Marquardt)

HOOR	MIDSUMMER	MIDWINTER
1.	4.27-5.42	7.33-8.17
2.	5.42-6.58	8.17-9.02
3.	6.58-8.13	9.02-9.46
4.	8.13-9.29	9.46-10.31
5.	9.29-10.44	10.31-11.15
6.	10.44-12.00	11.15-12.00

HOUR	MIDSUMMER	MIDWINTER
7.	12.00-1.15	12.00-12.44
8.	1.15-2.31	12.44-1.29
9.	2.31-3.46	1.29-2.13
10.	3.46-5.02	2.13-2.58
11.	5.02-6.17	2.58-3.42
12.	6.17-7.33	3.42-4.27

Anyone who has spent some time on Galen is tempted to agree with the
Wilamowitz characterization of his prose as "barbaric" and "unintelligible."
Apparently now this criticism coming, because he had a very good sense of
his audience. I write this neither for the German people, nor for bears, lions, wild
Greeks and for those who may have a taste for the barbaric and the
unintelligible.

BIBLIOGRAPHY

- Balsdon, J.P. (1977²), *Life and Leisure in Ancient Rome*, London
- Bowersock, G.W. (1969), *Greek Sophists in the Roman Empire*, Oxford
- Deichgräber, K. (1970), *Medicus gratusus. Untersuchungen zu einem griechischen Arztbild. Mit dem Anhang Testamentum Hippocratis und Rhazes' De indulgentia medici* (Akademie der Wissenschaften und der Literatur Mainz, Abhandlungen der geistes- und sozialwissenschaftlichen Klasse Nr. 3), Wiesbaden
- Eichholz, D.E. (1951), 'Galen and his environment', *Greece and Rome* 20, 60-71
- Garcia Ballester, L. (1981), 'Galen as a medical practitioner: problems in diagnosis', in: Nutton (ed.) (1981), 13-46
- (1988), 'Soul and body, disease of the soul and disease of the body in Galen's medical thought' in: Manuli-Vegetti (1988) 117-152
- Godderis, J. (1988), *Galenos van Pergamon over psychische stoornissen*, Leuven – Amersfoort
- Hadot, P. (1984), 'Marc Aurèle était-il opiomane?' in: E. Lucchesi – H.D. Saffrey (eds.) (1984), *Mémorial André-Jean Festugière. Antiquité païenne et chrétienne*, (Cahiers d'orientalisme X), Geneva, 33-50
- Harris, C.R.S. (1973), *The Heart and the Vascular System in Ancient Greek Medicine from Alcmaeon to Galen*, Oxford
- Kleijwegt, M. (1991), *Ancient Youth. The Ambiguity of Youth and the Absence of Adolescence in Greco-Roman Society*, thesis Leiden, Amsterdam
- Illberg, J. (1905), 'Aus Galens Praxis. Ein Kulturbild aus der römischen Kaiser-zeit' in: H. Flashar (ed.) (1971), *Antike Medizin*, Darmstadt, 361-416
- Manuli, P., Vegetti, M. (eds.) (1988), *Le opere psicologiche di Galeno*, Naples
- Marquardt, J. (1886²), *Das Privatleben der Römer I-II*, Leipzig
- Morau, P. (1984), *Der Aristotelismus bei den Griechen von Andronikos bis Alexander von Aphrodisias II: Der Aristotelismus im 1. u. 2. Jh. n. Chr., Medizin und Philosophie: Galen von Pergamon*, Berlin
- (1985), *Galen de Pergame. Souvenirs d'un médecin*, Paris
- Nutton, V. (1972), 'Galen and medical autobiography', *Proceedings of the Cambridge Philological Society*, N.S. 18, 50-60
- (1973), 'The chronology of Galen's early career', *The Classical Quarterly* 23, 158-171
- (ed.) (1981), *Galen: Problems and Prospects*, London
- (1984), 'Galen in the eyes of his contemporaries', *Bulletin of the History of Medicine* 58, 315-324
- (1985), 'The drugtrade in Antiquity', *The Journal of the Royal Society of Medicine* 78, 138-145
- (1988), *From Democedes to Harvey: Studies in the History of Medicine*, London
- (1990), 'The patients choice: a new treatise by Galen', *The Classical Quarterly* 40, 236-257
- Oberhelman, S.M. (1993), 'Dreams in Graeco-Roman medicine' in: W. Haase (ed.), *Aufstieg und Niedergang der römischen Welt, II: Principate*, Vol. 37.1, Berlin – New York, 121-156
- Siegel, R.E. (1968), *Galen's System of Physiology and Medicine*, New York
- Wöhrl, G. (1990), *Studien zur Theorie der antiken Gesundheitslehre* (Hermes Einzelschriften, Heft 56), Stuttgart